

Substitute for form 1449/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/735,340
(Use as many sheets as necessary)				Filing Date	December 12, 2003
Sheet	1	of	1	First Named Inventor	Adam GOLD
				Art Unit	3734
				Examiner Name	M. Mendoza
				Attorney Docket Number	506512002100

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)	MM-DD-YYYY		
1.	US-2004/0073238-A1	04-15-2004	Makower		

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	MM-DD-YYYY		
2.	JP-2002-500531	01-08-2002	Cardio Medical Solutions	Translation of Abstract Only	
3.	JP-2005-529707	10-06-2005	Tyco Healthcare Group, LP	Translation of Abstract Only	
4.	WO-98/52475-A1	11-26-1998	Cardio Medical Solutions		

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NON PATENT LITERATURE DOCUMENTS					
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			

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